

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

10827247

**CLAIMS**

	AD FILED		ADDED TO ASSIGNMENT		ADDED TO ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4		3				
5		1				
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TOTAL NO.	1					
TOTAL DEP.	13					
TOTAL CLAIMS	14					

	CHD	DEP	CHD	DEP	CHD	DEP
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